KANSAS DEPARTMENT OF LABOR www.dol.ks.gov

## SURVIVING SPOUSE, DEPENDENT OR HEIR APPLICATION FOR HEARING

HEIR APPLICATION FOR HEARING K-WC E-2 (Rev. 12-12) (K.S.A. 44-510b)	NG		
Deceased employee:	Da	— Date Stamp	
First Middle Last			
Date of birth:	Employer:		
Social Security number:	Address:		
Address at time of death:		State: ZIP:	
City: State: ZIP:	Insurance carrier:	(Required)	
Accidental Injury, Repetitive Trauma or Occ		(roganos)	
Date(s) of accident/repetitive trauma/occupational disease:	Time:: A.N	∏ P.M. Date of death:	
How did accident/repetitive trauma/disease occur?			
In what county did it occur?	At or near <i>(city)</i>	(state)	
If it <b>did not</b> happen within Kansas, in which <b>Kansas</b> county co	ould hearing be most conveniently held?		
Surviving Spouse, Dependents or Heirs			
Name Address	<u>Email</u>	Age Relationship	
Applicant printed name	Signature	Date	
Is applicant represented? YES NO		claimant respondent:	
DO NOT WRITE IN THIS SPACE			
	Printed name:		
	Street:		
	City:	State: ZIP:	
	Email:		
	(for p	urposes of hearing notices)	
Certified Stamp ALJ Copy		Phone:	

DO NOT WRITE IN THIS SPACE

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates,

and whose identities can only be distinguished by the Social Security number.